

gonococcal genital infections will also have syphilis.^{1,2} Azithromycin has antitreponemal activity *in vitro* and in the rabbit model.^{3,4} Furthermore, Verdon *et al*⁵ recently described the clinical efficacy of oral azithromycin (500 mg once daily for 10 days) for treating primary and secondary syphilis. Our experience with the first case supports their finding. More importantly, the serological resolution of early latent syphilis in the second patient suggests that the single 1.0 g dose of azithromycin used for urethritis and cervicitis is also effective.

This observation has important public health implications. While penicillin-based regimens must remain the treatment of choice until long-term studies demonstrate that azithromycin prevents the late sequelae of syphilis (both patients have since received 2.4 million units benzathine penicillin as definitive treatment), widespread use of single dose azithromycin for chlamydia and gonorrhoea may fortuitously reduce the transmission of syphilis by rendering patients with concurrent syphilis non-infectious.

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Syndromic management of genital ulcer disease—a critical appraisal

Control of sexually transmitted diseases (STDs) is of paramount importance in the present era keeping in mind the risk of HIV transmission.

WHO recommends use of simple algorithms for syndromic management which are based on a constellation of signs and symptoms produced by different (or a majority) of the organisms causing each of these syndromes (WHO Technical Report Series, 810, Geneva, 1991). Need for syndromic management was felt because clinical diagnosis of STDs is not always correct and time taken by laboratory tests might delay the treatment, thus prolonging the period of infectivity.

We find one of the flow charts related to genital ulcer disease (GUD) quite impractical for the following reasons:

- (1) Signs and symptoms may not be consistent or specific for diseases like transient

chancroid, herpetic chancroid, chancroidal ulcers. Ulcers of lymphogranuloma venereum and herpes progenitalis might be impossible to differentiate even by the most experienced specialists. Presence of HIV could alter the typical morphology of all GUDs.

- (2) Genital ulcers due to mixed infections might create a diagnostic and therapeutic dilemma.
- (3) In developing countries GUD related lymphadenopathy is difficult to differentiate from lymphadenopathy following tuberculosis, leprosy and infected lesions over lower limbs in people who walk bare feet especially when the genital ulcer has healed.
- (4) The flow chart does not address the problems of GUD in women, such as hidden GUD presenting as vaginal discharge, nor does it include treatment for sexual partners.
- (5) Chemical ulcers following cleansing of the genital area with antiseptics like chlorhexidine¹ as a part of prophylactic behaviour may mimic GUD/balanoposthitis of bacterial or candidal aetiology. Treatment for presumed infective aetiologies (non-diseases) would be a huge waste of precious drugs in developing countries, morals and ethics apart. With even a faint possibility of drug resistance, the consequences could be serious. Similarly treatment for traumatic ulcers, fixed drug eruption, Behcet's disease and aphthosis etc, as for GUD such as syphilis or chancroid is uncalled for.
- (6) The psychological trauma incurred by misdiagnosis of non-STDs as STDs might well cause serious disharmony in the conjugal life of patients.
- (7) False labelling of disease would generate wrong epidemiological data. This would greatly hamper formulation of pragmatic STD control programmes for the future.

Hence we believe that the stress should be on: (1) Individual assessment of cases, (2) Proper clinical supervision and guidance of junior clinicians and paramedical staff, (3) Appropriate referral whenever required.

We would welcome views and suggestions of other physicians from developing countries.

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An unusual cause of incontinence

A 19 year old woman was referred by her general practitioner with a four week history of urinary incontinence. Leaking occurred only during coitus, and particularly on deep vaginal penetration. On a few occasions